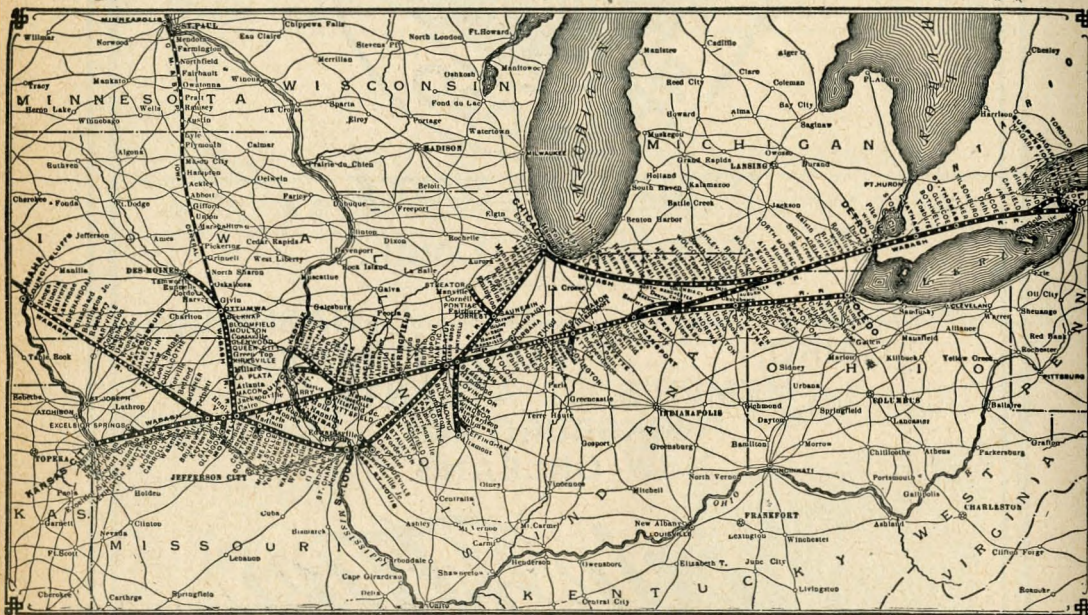


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INDEPENDENCE.

AMERICA as a nation has said that in the course of human events it became necessary to separate herself from other countries, customs and governments, declare her independence and live accordingly. She lived and labored to put that thought into form and execution, though it cost much money, time and life to obtain that independence. For one hundred years we the posterity of our forefathers have enjoyed the blessings bequeathed to us by them. Today we are a powerful nation; wealthy in our great and fertile fields, and in our colleges of law, literature and skill. Once we were despised. Today we are respected, first for our intelligence, next our wealth and lastly as the defending champions of the seas; not the tyrants but the true friends to all that are manly. We have two methods only of commanding respect of monarchies and despots. "Liberty and equality to all mankind." If that does not call forth the respect of the world our fleets of both land and sea speak in such tones that monarchies say by both word and deed, that America has the men, intelligence and the skill to demand and obtain respect for its flag and country.

With Osteopathy the same condition is now before us. We have felt that we as a scientific branch of the healing art have discovered useful truths, that the world needs, wants and should have. But the "Czars" of medicine have said, you must die and be wiped from the face of the earth. Legislatures have been sought and asked to assist in putting to death the schools of Osteopathy, with more or less success crowning such efforts. They have said that the world should not choose for itself the kinds of help in sickness that he or she thought best suited to his condition.

If Osteopathy has scientific merit and carries no bottles of poison that would produce death and destruction of human life why should medical schools ask prohibitory legislation? Why not let the people choose from all schools of healing arts?

At this point let us enter a protest against prohibitory opposition, de-

clare our independence, raise our flag and give to the world literature of our own production. Have we to be led to the altar condemned by their rules of symptomatology, which is only a poor system of guess work, and be drenched by the poisonous compounds of their schools of pharmacy? Are we to be prohibited by such schools from studying and applying the healing art as we find written in the book of nature? Does an American have to say "my lord" may I think a little? Or will he say as he has said for one hundred years just passed, that all men are free and equal. I will think, I will write, I will speak, though the smoke of roaring cannons of opposition should accumulate around me so densely that it could be cut with a knife.

We object to your literature being used as discipline; we claim the prerogative to abridge, substitute, amend, or reject all books from any medical school, or literary department, until Osteopathy shall have formulated such books and literature as its progressive demands have called for in thunder tones, and has never been answered outside of chemistry and anatomy. From now on be it known that we have graduates from the American School of Osteopathy who have never had a taint of the old system of drugs to bias their judgments by preconceived prejudice, or veil their eyes from the enjoyment of the beauties and healing art of nature. Their pens are abundantly able to furnish the needed literature.

CAUSE.

EACH person to get good results and improve from day to day must hunt for cause, then operate with a view to change the cause that has produced such condition, by change of currents of blood to nourish and wash away such accumulated bulks, by correcting bones and giving easy discharge to venous blood, that it may absorb and carry off deposits from joints, muscles and membranes. A goitre is only what blood has failed to be used by the nutrient nerves. Conditions not symptoms are what an Osteopath has to contend with. When he goes to a patient he asks for knowledge of conditions; he starts in with pictures of a body in healthy condition in his mind, and searches for variations from that standard. Thus an arm on one side when compared with the other arm must be the same in size, strength, motion and temperature, with the same color. A cold arm, blue in color and much larger than the other arm would present a condition that would be unnatural in form, motion, blood and venous action. Thus we see and feel a condition that is grave in its effect on health and motion. We must reason for cause, why this blood did stop and swell a part, and why it does not go on and reduce such swelling to its original size. At this time reason would take the exploring eye and searching hand to the bone structure, feel, look and compare all joints, in search of slips or variations from centers of actions; also search closely

for impacted, twisted or overlapped and crossed muscles or ligaments, that would press on or across a nerve, vein or artery, and stop their normal work.

The Osteopath has the condition before him all the time; also all symptoms, but the cause is the mystery that has produced the condition, and when found he will find a mechanical cause for all the trouble he is likely to meet. Would we be safe in saying all diseases of climate and seasons with contagions are the results of local causes? When we meet fever have we not found a condition with cause in fermentation of fluids, of lymphatics of the whole system and those of the superficial fascia more than the deep seated, because of contact with atmospheric air? Then as we know the condition why not enter the combat at once, and remove cause of suspension, and labor for restoration of normal action? First by arteries, next the veins, then the excretory system.

The Osteopath's acquaintance with the nerve and blood supply, their local and general uses are sufficient guides if wisely conducted with that attentive perseverance that is due in treating diseases, which is nothing more nor less than the conditions produced by confused and perverted nutrition and renovation. Thus symptoms banish in quick succession from distress to recovery. We would admonish the operator to give attention to conditions, this is all important to his success. His eye and hand are very trustworthy as his microscope and thermometer, and more so and more useful in the sick room than all artificial appliances. Nature has provided and armed us with all that is necessary to explore for and locate cause, and successfully treat all diseases of climate or any season of the year. I have spoken thus freely to draw the student's and practitioner's mind to more attention to conditions, and treat accordingly; and less attention to our customary routine of name hunting before treating according to the rules laid down in authors on symptomatology.

A condition not normal is found in all diseased persons. That condition may have many symptoms common to other diseases, which would require much care and long acquaintance with books and observation to classify the name properly the disease according to the rules of popular symptomatology, which often fails to know smallpox from chickenpox, measles, scarlet fever and on through the many thousands of blunders made in giving names and treating according to such rules. Thus the importance of an operator dealing with conditions when he would wish to know the cause, and treat by the more safe rules of reason. A limb, organ or division of the body cannot show an abnormal condition without the producing cause being close by. The same law is just as true of pneumonia, flux, typhoid and other fevers; you find the patient in a condition and you have been called to get him out of such condition, your duty is to find the cause of the bad condition, seek and know where the cut off is and what will relieve that person: You are not any wiser to know the

Latin, Greek or Choctaw names for such and such diseases, unless you are a pill doctor. Symptomatology leads you straight to a drug store. Conditions, point you to cause hunting and finding, and just what to do to relieve the sufferer in the hour of need. Let the subject of conditions be your universal starting point and not hunting names. We should honor symptomatology because it is a relic of the visions of the stupidity of the kinds of literature that legislatures are called on to protect from deadly shots of bitter truths, that have come to stay and abolish unsound theories from the earth.

GOOD ENOUGH.

WHEN a pen is taken in the hand of a writer for the purpose of giving the readers of the JOURNAL OF OSTEOPATHY something to read and study on, after it has been read, I will suggest that the writer confine himself to write what he knows or what he thinks he knows. His opinion is what we want, his observations are good enough. It is the writer's opinion written in the American style, and words from the American language. Why not use the American language? It surely can tell anything an American wants to say. An American should be proud of our institutions of learning and our dictionaries. "He should be boldly proud of our liberty of speech, press and pen. Then why should an American hunt up what old authors have said, and offer such quotations and piles of paper and book stories as his article? If I should give my opinion on some subject by telling in a nice scholarly manner what Edison, Franklin, Lincoln and a thousand other witnesses have said, what court would listen to such testimony? Any judge would laugh and say, Mr. Wart please tell what you know in this case, if you know anything, if not please retire. It is what you know that the court wants of you, not what John Doe never did know. It is easy for anyone to write on the subject of Osteopathy, and give us something to read that is new and fresh from the writer's pen. I want to kindly open the pages of the JOURNAL for original productions, minus quotations, from old books of howevers. You and your word are good enough for me; give us your own, long or short, and to the point in about one or two thousand words, or less if you can tell all in such limits. But few persons will read ten, fourteen and twenty pages in the JOURNAL on any subject. It is brevity wisely used that we like.

"WHAT SENSE?"

BY HERMAN F. GOETZ, D. O., QUINCY, ILL.

IT SEEMS to be a *habit*, among many practitioners who issue printed matter intended for the purpose of elucidating osteopathy, to refer to the name as being entirely inadequate to a clear conception of the science, to refer to it as a misnomer or to make some other unnecessary apology. So many make statements of this character, that it must appear even to those with no great interest in the matter, that all such writings are compilations, one copying the assertions of the other, but more likely will they think, that *all* osteopaths are of the same mind, at least so far as the name of their science is concerned.

On the other hand, to those with a great deal of interest in the matter, it is known that such writings are compilations, are made carelessly and without due consideration of the consequences of such statements, which we must grant, cannot ultimately prove other than pernicious, are made with the primary object of such literature lost sight of, which is, to enlighten, to teach, to give information. Do these practitioners suppose that this object is best attained, by making confessions of weakness, by making excuses, by making unnecessary explanations?

When a writer makes a statement, he assumes the responsibility of that statement, and from him and him alone can be demanded explanations but unfortunately, in this case he also forces others to make explanations, who look upon his interpretation as redundant verbiage woefully lacking in tact from his own point of view. We are forced to assume the responsibility which is his and his only, forced to make explanations which is his prerogative and his only, and that too when we are not of his way of thinking, when we consider such statements, as misnomer, etc., as an unpardonable misstatement of fact.

Quoting from a recent booklet descriptive of osteopathy: "Thus the science of osteopathy like other true sciences has outgrown its original conception and has become broader, more specific, at the same time more difficult to name."

It is scarcely necessary to point out that no true osteopath approves of the statements made in the above quotation, that it does not contain a single thought which can be substantiated. Osteopathy has not outgrown its original conception, has not become broader, has not become more specific, has not become more difficult to name.

The cardinal principles of osteopathy as promulgated by their founder are as irrevocably true today as they were when first propounded, their original conception has not become broader, they cannot be outgrown. The clinical application of osteopathic methods we grant has become

broaden, in the sense that they have been applied numerically to a greater number of cases, but this in no way alters their original conception, nor does it make their application more specific; regarding this latter claim we might add that the treatment has become rather less specific among a certain class of practitioners than otherwise, and it is only necessary to refer to the writings of the older and more experienced men in the profession, to obtain ample evidence that their methods of treating are more specific in many instances than are the methods now in vogue.

Dr. Still devised his "suspension apparatus" with no other object in view than to force specificity in treating, to give a so-called general treatment while using this apparatus, if not impossible, it is to say the least, most awkward.

As to the science "becoming more difficult to name," are we to understand from this, that as the conception of the name becomes more and more intimately related to the practice, we must consider the advisability of selecting a more appropriate name? "More difficult to name," the vacuity of this statement should debar it from being accorded the usual courtesy extended an argument.

Inane on the face of it, it requires no argument. It is an utter impossibility, essentially impracticable for us to even entertain the idea, of renaming the science of osteopathy, even if we could conceive of any justification for giving this matter a passing thought, which we cannot. "What sense" then for such statements as are given in the above quotation?

Is it not about time to cease apologizing either for the name or the naming? It is the clinical experience of every osteopathic practitioner, that in the majority of cases, the pathological condition can be traced to a disturbed relation of the osseous structure, and that the majority of cases are either relieved or cured by re-establishing the normal relation of the parts of the osseous structure. This is a fundamental principle of osteopathy. What sense, what logical basis, then for referring to the name, as a misnomer? The fundamental principles are reasonably defined by it, in this case are accurately defined by the derivation of the term. A single word cannot explicitly define nor fully explain the science.

The name stands for the precepts which go to make up the science, stands for the completed work, that is, it stands for the whole and parts of the whole system.

In conclusion I wish to call attention to this point, if in this so-called "broadening" process, some of the practitioners in their practice, or if instructors in the colleges, avail themselves of *accessory methods*, that we know have been used previous to the propounding, as well as prior to the clinical demonstration of osteopathic principles that for such appropriated, plagiarized, unwelcome additions to osteopathy, the principles that go to make up the science cannot, must not, be held responsible. The acorn

can no more bring forth the poplar, than can superficial study, prejudice, doubts, false reasoning, bring forth the pure mind that characterizes the earnest, true-blue osteopath, and by osteopath I mean osteopath, not those adulterations, those birds of prey, that use, advise or teach the methods of osteopathy, massage, drugs, gargles, steam inhalations, electricity and "what not." These are not osteopaths, but men who have remained in some osteopathic school just long enough to acquire the technique of a few mechanical manipulations, who work by rote, who treat symptoms no matter as to cause. These men are the little excrescences on the body of Osteopathy; they appear and disappear, but remain long enough to arouse local inflammation.

It is such as these who doubt the originality of osteopathy, who vainly endeavor to demonstrate the priority of other systems, who refer to the name as a misnomer, who fail to differentiate the methods, the philosophy from other systems of healing, who have failed to grasp those fundamental basic ideas which govern osteopathic procedure, who have failed absolutely to grasp the meaning as well as the application of the original conceptions of osteopathy.

CONSTIPATION

Paper by Dr. Joseph H. Sullivan, read before Chicago Osteopathic Club—February 20, 1900.

THE subject Constipation, without doubt, causes us all more perplexity, makes us think harder, than any subject or condition with which we meet.

I think all will agree with me when I say, that the Osteopath confronted with a case of constipation must realize the vastness of the field in which he has to work, boundless almost are its expanses, bewildering the network of nerves controlling the area involved in a typical case.

This at least is my state of mind when for example a patient says to me, "Doctor, mine is a case ten years' standing, I have no action except by an enema, or laxative; I, however, have an action when I ride on a train," showing that the functional control is re-established simply by change of scene, while the condition savors of an organic character when at home, hence my perplexity.

Truly we may locate lesions at, say the fifth dorsal, or the sixth or seventh, or the whole spinal chain may be involved apparently, from the fourth dorsal to the second lumbar, or the coccyx, but even after these have been corrected I have had cases who still persisted in their disordered state, though I will admit that there are very few but respond in some degree to our re-establishment of vaso-motor control of the area involved through spinal adjustment Osteopathically, but occasionally a case is met with

which resists our utmost effort in their behalf; this then is the case we should give our consideration to-day. A chain is only as strong as its weakest link so we should and I am sure we will in time strengthen our Osteopathic chain in constipation. I believe the time will come when we will be masters of the function of peristalsis in the average adult.

Not long ago I discharged as cured a case, a young woman whom I had treated for fifteen months for constipation. She had never had a natural action of her bowels during her life of twenty odd years. She had a posterior ninth dorsal, which I corrected entirely in three months, resulting in slight improvement as to peristalsis and vigor in the intestines, and an enema sufficed where before it did not; there was some local disorder but this was easily remedied and had no apparent bearing on the other condition. After fully ten months' treatment I finally confined my work to the cervical region and once in about ten days stimulated the sympathetic, per rectum, up as far as I was able with the forefinger. Finally I was gratified at having things assume a normal condition, and they have remained so at last accounts.

In all cases I ascertain as closely as possible the habits of the party. We all know of course that the average woman and many men regard the act of bowel evacuation as a great nuisance—they actually begrudge the time necessary for the act. You ask them as to whether they ever neglect their breakfast or their dinner, and they smile at the mere suggestion and exclaim, "Oh, No."

I suggested to them that it would appear more rational to neglect to put three meals in their bodies every day than to forget that this body should be rid of the waste accumulation but once a day, and really I find many who have never taken such view of themselves.

Regarding treatment, the most pertinent thing which occurs to me at this time is, that I regard indiscriminate treatment as being the cause of a constipated condition, rather than a means of relief. Such has been my experience in practice and it has been corroborated by brother Osteopaths when the matter has been discussed, in fact I have had cases who had been treated elsewhere who have complained of such results under Osteopathic treatment. I think the chief reason for this lies in the fact that many of us are careless, both in diagnosis and in treatment. I think we should at once take a decided stand against the growing and pernicious practice of the general treatment for everything. If we do not we shall become less scientific and our work will rank with massage, Swedish movement, and the like. Let us in examination be critical, reasoning as to cause and effect. the effect is in the liver, or perhaps in the intestinal tract, or we find the expulsive power of the rectum lacking; these are effects, where the cause? There exists a specific cause somewhere and I think a specific treatment only is needed.

I never saw Dr. Still give one of our general treatments all the time I

spent in Kirksville and the more quickly we cease working like machines the sooner will we advance in our science.

I am of the opinion that rarely should a case of constipation be treated below the twelfth dorsal, for as we know we inhibit or check a too free action of the bowels from the third to the fifth lumbar, so I think that frequently when we work in both regions our work is abortive and of no avail. This has been my experience during several years.

Another observation I have made and which I should like to hear discussed, is that of severe or rather I would term it, deep manipulation of the abdomen. I have noted that this often resulted in the reverse of good effects. In constipation naturally then I am very chary about treating abdominally, confining my work principally to the biliary region, the ilio-cecal, and left iliac fossa regions, and have attained good results when a promiscuous working of the abdomen had not so resulted. This offers us material for discussion.

Constipation has little in common with gastric disorder in my opinion. My reason for so thinking lies in the fact that the majority of cases of chronic constipation have good stomachs. The rule holds good with gastric disorders, they usually enjoy fair bowel action. We can assist ourselves by ascertaining the character of the stools and the kind of food in use. An authority says, when too rapid absorption takes place of the liquids from the feces, the reason may be lack of liquid ingested, which may be helped by large draughts of water.

Again we may be confronted with cases of severe organic disturbance or alteration of the gastro-intestinal-mucosa. As a rule the greater part of the trouble will exist in the colon with occasional severe pains in the upper umbilical region or left iliac fossa during a movement of the bowels. In cases of this character we cannot be too careful as to the diagnosis, prognosis and treatment. I have had several such cases lately and they yielded to treatment only after very close attention to the lower dorsal region and very slight treatment over the abdominal region. I think extensive treatment abdominally in this class of cases rather inadvisable.

I can only say in conclusion that we must apply ourselves continually and good results will follow. Make a close study of each case and constipation and a large per cent of all other classes of disorders will like the Arab, fold their tents and silently steal away.

Before closing I wish to read from Dr. McConnell's valuable work, as to constipation. We read the following: The vaso-motor nerves keep up the vascular tone of the bowels, the motor nerves the peristaltic action and the secretory nerves attend to the intestinal juices.

Again we read, in constipation, disorders of the spinal column are generally found on the right side. Why this is so I am unable to state. In those cases where the liver is impaired the answer might be because the nerves to the liver are on the right side, but I find the right side just as often affected when the trouble is in the lumbar region and the nerve supply to the hepatic region intact.

I take it that Dr. McConnell's observations confirm my idea, that every case must be given its own individual study to insure best results.

WHAT IS THE RELATION OF SEROTHERAPY TO OSTEOPATHY?

RICHARD G. LEWIS, A. B.

WE WHO are students here can see the beauty and the truth of Dr. A. T. Still's definition of health—That condition of the body in which there is a "normal flow of blood." The definition of disease may be put thus: That condition of the body in which nerve tissue is oppressed. This to me is the Osteopathic theory of health and disease; and it is scientific, for it is true, absolute and universal. Truly the nerve tissue is "the master tissue," and we as Osteopaths need to know it in all its distributions, qualities, actions, powers and tangibilities if we would assist it to prevail over the matter which is oppressing it. Thus it is seen that the real etiology of all forms of disease is the same. The three factors (nerve tissue, the body, and other matter) may vary in form, in position or in power, and different matter and different parts of the nerve tissue, from those at first concerned, may be drawn into the struggle so that the first cause may be observed under different manifestations, named as diphtheria, typhoid fever, dyspepsia, pneumonia, anaemia, and the like. But the principle is ever the same, and upon it we base our treatment of the various forms of disease; we release the pressure, remove the obstruction, correct the dislocation, or the subluxation; we help the under fellow to throw off the opponent who is overpowering him. Our assistance to the nerve tissue is mechanical in its application; the recovery to health is physiological through the action of the nerve tissue by means of the fluids of the body brought into a normal condition.

We know that health is the normal condition of the human body, and that under ordinary circumstances "the master tissue" is able to prevail over all matter around it, so that all the tissue and function metabolisms of the body proceed in their orderly natural course. This being the case the body must produce and contain within itself all fluids, constituents, elements, compounds and materials that are needed to keep it in health day after day. All schools of healing admit this, and say that if a person will eat, drink, breathe, sleep and exercise body and mind normally then all the secretions, excretions and metabolisms necessary to this normal state of health will be produced, used and discarded without pain, worry, excess or lack to the body; he will continue in health, for the body is sufficient unto itself in the normal condition. But matter is so changeable, so persistent, so nearly infinite compared with the human body, that in some form, living or dead, it frequently gains the upper hand of part of "the master tissue" and there is the condition of disease, manifested by abnormal secretions, metabolisms, excretions, sensations or motions, which may be partial, temporary or permanent. All schools of healing describe

and name these manifestations—these so-called various diseases—in nearly the same words and terms, but each endeavors to “cure” them by its peculiar methods, decrying those of the other schools.

“The master tissue” may of itself rally and throw off the incubus, then the body is again in health and we say “the man got well without any doctoring.” Or it may be unable to throw off the oppressing matter and disease may exist for years, neither matter nor nerve tissue being able to overcome the other, and we say “it’s a chronic case.” Or matter may prevail and the nerve tissue be entirely overcome, and we say “the man died of disease.” Before the termination of this struggle these questions arise: Can efficient help be given the body? What must be the nature and amount of that help? The answer accords with the theory of the school to which the doctor belongs—drugs, heat or cold, electricity, animal magnetism, “psychic force” in varying amount or degree. History will show that these means have varied greatly in the same school within the past century. But whatever substances or means have been used all may be classified under three heads: 1. Nutritional, which is the normal and so the best assistance that can be given toward a return to health. But we see the body frequently needs more than this, and help of a different nature. 2. Chemical, which comprises mineral, vegetable and animal substances not given as food; these are the drugs and “medicines” of most of the “doctors.” 3. Dynamic, consisting of heat, electricity, magnetism, “psychic force,” mechanics, culminating in the scientific treatment of Osteopathy. From these last two classes, osteopathic treatment, in our judgment, is the only truly complete, scientific form of help that can be given to the body in its time of need—the oppression of its nerve tissue. Is it effective? Yes; in all conditions that men claim to be curable where it has been given free, full and competent trial it has proved far more effective than all other means that have been tried. It is yet youthful in years, developed fully perhaps in theory, but not fully in the art because of lack of opportunity, from lack of men who fully comprehend it and the human body, from the short experience of most of its practitioners in its application to the various complex conditions of the body in the differing forms of disease. But will its aid be sufficient in itself for all conditions? Theoretically, yes; if we consider that the body is limited in size and power, and is temporary and mortal, while matter is ageless and nearly unlimited in size, amount, forms and powers. Practically, yes; in so far as human judgment and ability can control matter which at times oppresses the body, and in all cases eventually overwhelms it. Yes, osteopathic help to the body in disease is sufficient under all conditions, if applied by the competent operator, the fallibility and the mortality of man being considered. This answer brings up the question: Are the other methods of treatment sufficient? Generally speaking, no; the chemical methods, because they put into the body matters foreign to it that require

to be taken care of by "master tissue," whose strength is needed at the time to overcome the other matter that is then oppressing it; the dynamic methods, because they can seldom be applied specifically to the part of the master tissue needing the help, for their power is diffusive, uncertain and uncontrollable after entering the body.

Thus far I have endeavored to make plain the osteopathic theory of disease, and the adaptability of osteopathic treatment to all the ills that flesh is heir to, far beyond all other systems of the healing art. It can be seen that necessarily the relations of all other systems to Osteopathy are foreign, superfluous and in opposition to it. The ghosts will not down, and recently one has appeared claiming to be the twin brother of Osteopathy. But Osteopathy says that he is first born and only son. What then is the relation of Sero-therapy to Osteopathy? Is it different from that of any of the other forms of "medical" treatment?

In "The Twentieth Century Practice" (of medicine), in DaCosta's Surgery, in Crookshank's Bacteriology and in other medical works we find statements like these: "Some species of bacteria are killed by mixture with fresh blood," "This property (bactericidal) of the blood belongs to the serum;" "In healthy blood and healthy tissues bacteria are never present;" "There is a ample opportunity for satisfying oneself that bacteria are never found in the blood in health;" "Pure blood is germicidal;" "The blood is the great antiseptic and disinfectant of the body;" "The animal body itself generates a germicide more powerful than corrosive sublimate."

Again, these writers tell us for Koch, Pasteur, Virchow, Flugge, et al that the bacteria cannot pass through the healthy intestinal wall; "The epithelium of the digestive tract is the best protection against the entrance of bacteria, that an injury is necessary for their entrance to the circulation;" "Micro-organisms cannot pass into the circulation through the mucous membrane of the respiratory tract or of the intestinal wall so long as those membranes are intact;" "The exposure of the animal to conditions unfavorable to its existence, or the production of traumatic lesions predisposes to infection;" "Perhaps the most positive addition to our knowledge in this direction (predisposition) has been the demonstration of the importance of pre-existing diseases or lesions of structure in affording ready means of ingress and suitable conditions for the lodgment and growth of pathogenic micro-organisms;" "We conclude, then, that actually the only plausible theory of immunity is that which explains it by the disinfecting properties of the humors (blood, lymph, etc.), by the special antiseptics of the animal, by the defensive proteids," and many other similar facts and conclusions.

From these and their other like statements let me draw some inferences: 1. All admit somewhere in their writings that pure blood is bactericidal in a phagocytic manner, in its serum elements, or in both. This

accords with the osteopathic dictum concerning "pure blood." 2. Most of them say that bacteria cannot affect the body injuriously unless entering through an injured tissue, or a structural lesion, or when the body has been fatigued, starved, bled, or put into an abnormal condition. This agrees with the osteopathic claim, that the primary cause of disease is nerve oppression. The bacteria may give the direction of the disease, but the primary cause (nerve oppression) must be removed before there can be a return to health. 3. It was claimed day before yesterday that the action of the serum is chemical—that is a claim of the M. D's for the action of their drugs. It was claimed yesterday that the action is physiological—but it is admitted that the injected serum was pathologically created in another body before injection into the patient. That is but a slight alteration of the Homeopathic dictum, "*similia similibus curantur.*" Today it is claimed that the action is nutritional to the leucocytes. But the serum is neither naturally administered nor natural to those leucocytes, for it was not elaborated in that body, by the forces of that body and for that body. We must remember that the corresponding fluids of different bodies are similar to a great degree, but they are not identical. Osteopathic treatment frees "the master tissue" of the incubus or obstruction and enables the body to feed its leucocytes with its own elaborations. How readily and how rapidly these scientists shift their ground. Well, they are wise to do so. If a man finds himself on untenable ground he should at once seek another standing point. But take notice that men imbued with the principles of Osteopathy have not changed their ground since those principles were first laid down by Dr. A. T. Still years ago. They do not need to change, for those principles are true and absolute. 4. There is no one serum that will immunize against all bacteria. Only the pure fluids of each body can do this for it, and for it alone. The Osteopathic principle is one for all ailments—promote a normal flow of pure fluids in the body. 5. The disagreements of the sero-therapists show that there is no principle underlying their theories, only the claims of personal deductions from some experiments that prove no great principle. As to the act of inoculation, it is more or less traumatic. The epidermis and the corium are there to prevent inoculation and do so if kept in normal condition. This act introduces foreign matter abnormally into tissues, in a traumatic manner. Is the puncture too minute to do injury? Consider that body cells and nerve fibrillae are exceedingly small, and recollect that the bacteriologists say that one one-millionth of a cubic centimeter of fluid containing certain bacteria will produce disease. Why may not the piercing of some body cells and the severing of some nerve fibrillae prepare for the bacilli the ground that without this puncture would prevent their entrance and growth? The scratch of a pin may be traumatic, as well as the kick of a horse.

As to some of the "diseases" treated by the sero-therapy method;

some one says that diphtheria seems to be prevented or cured. It is so claimed by its advocates. But last year there were more cases of diphtheria in London than in 1893, and the treatment was not any more successful. Also the death rate in London fell from 59 per cent to 29 per cent in 1894 before the introduction of this treatment. Osteopathic treatment has seldom lost a case where it was used at the beginning of the disease as medical treatment is given. What of tetanus, rabies and others? They seem to be helped or cured. And there are some other diseases in which great benefit is claimed for the serum treatment. What can I say as to small pox? It would require a volume to discuss it, for it is the only "disease" that seems to answer unequivocally to the sero-therapy treatment. Yet in Europe there are Anti-vaccination societies, in which are many men as well educated and as scientific as those who favor vaccination, and they claim that true statistics are on their side. We know this, that small-pox is a "filth disease," and modern hygiene, good food, proper nursing and care, and good blood will stamp it out. I can say this, that where Osteopathy has treated this "disease" it was more successful proportionately than any medical treatment.

Just here let me remind you that Osteopathy was born in the wilderness, has been taught in the wilderness, and until the past three or four years was practiced in the wilderness, by men who were trying to do good and make money. It had no highly educated, so-called scientific men to promulgate its principles, to champion its claims, to exhibit to the world its successes, heralded by magnificent hospitals fully equipped with competent trained nurses, and all the assisting circumstances of hygienic and financial surroundings. Give it these equally with the other schools of the healing art and its results will far surpass theirs.

Scientists are not agreed among themselves, nor furnish proof convincing to all that their results are due entirely to the sero-therapy treatments; for they are given under such precautions and surroundings that their statistics cannot rightfully be compared with an equal number of cases in preceding years treated by different methods under less favorable circumstances.

From these and from like statements from their own works I judge that Osteopathy—fully understood and applied by competent operators—has no more need of the assistance of sero-therapy than of any other form of medication, and the relation of sero-therapy to Osteopathy is the same as that of all other medication—foreign and opposed to it. The normal flow of pure blood is health. Oppression of any part of "the master tissue" alters this blood flow or purity—that is disease. Removal of that oppression by our methods is Osteopathy; and our methods are fully and always capable and sufficient, considering the fallibility and mortality of man.

COMPARISON.

M. F. HULETT, B. S., D. O.

IN THE trial of any prisoner the strongest evidence that can be produced is the confession of guilt by the accused. This evidence is taken as final by any court of justice. So, in the practice of medicine, that evidence of the failure of drugs to accomplish curative results is best which comes from the confession of men who have been most closely associated with the experiments of the action of those poisons commonly called medicine. It is not necessary for the Osteopath to pronounce medicine a failure. There is sufficient evidence from the guilty party to sustain the accusation. The thousands of incurable (?) chronic cases which come to him for relief after every known medicine has been tried with total failure, is sufficient to test the experiment. But the added testimony of those practitioners who have had wide experience in noting the action of drugs makes the argument conclusive. We quote the testimony of a few experts to show the trend of modern thought along medicinal lines:

John Mason Doode, M. D., F. R. S.: "The effects of medicine on the human system are in the highest degree uncertain, except, indeed, that they have destroyed more lives than war, pestilence, and famine combined."

The eminent Dr. Lebert says: "Drugs, as such are unnecessary. I give them chiefly to satisfy the patients and their friends."

Prof. A. A. Stevens: "The older physicians grow, the more skeptical they become of the virtues of medicine."

Harriet Beecher Stowe: "When our bodies cease to be drugged into disease and sin, it is my personal impression that our souls will begin to stand a fair chance, perhaps not much before."

Dr. I. N. Love, Ex-Vice-President American Medical Association; editor "Medical Mirror," St. Louis: "If the man is managed right you can let his disease take care of itself, and it don't make so very much difference what medicine you use."

The famous Dr. Magendie of Paris summed up his experience with medicine in a lecture before a class of physicians as follows: He divided a certain number of patients into three classes; to the first class he prescribed "the usual medicines without having the least idea of why or wherefore." To the second class "I gave bread pills and colored water, without, of course, letting them know anything about it." To the third class he gave nothing. "These last would fret a good deal; they would feel they were neglected, and they would irritate themselves until they got really sick, but nature invariably came to the rescue, and all the third class got well. There was but little mortality among those who received bread pills and colored water," while there were the most fatalities among the first class.

These quotations, which might be multiplied by the thousands, coming from men who have spent their lives in trying to advance the interests of health through medicinal lines, are the conclusions drawn from actual experimentation and observation. They prove conclusively to the reasoning mind that there is much deception practiced by the medical men of to-day.

It is a many times demonstrated principle that any appliance which may be contrived to take upon itself the function of any bodily organism lessens the activity of that organism to the extent to which it performs or interferes with that function. In the case of women who are tight lacers the system becomes weakened, the muscles whose function it is to keep the trunk in the erect position lose their vitality, until it is necessary to continue the artificial support. Take any other part of the body—the arm, for instance—bandage it so that the muscles cannot act, and in a short time the member will be useless. This is due in part, perhaps, to the obstruction to nutrition, but no doubt more generally to the loss of activity or the interference with its function. Science furnishes many instances in which unused parts have become totally obliterated in time. As an example, take the blind fish of some of the noted caves, which have not even a socket remaining for the eye.

The above will be sufficient to demonstrate the principle that that power is soon lost which has not opportunity to perform its function. But may not there be a similar principle enunciated in the action of drugs upon the human body? The physician prescribes a remedy which he has been taught will stimulate functions that for some reason have become weakened. He does not seek, as does the Osteopath, for the cause of that weakness in some interference with blood or nerve supply; but attempts to put on more steam so that the obstruction may be surmounted. The poor jaded horse is plied with the stimulating whip that he may drag his load over the log which lies in the road-way, instead of the more reasonable and Osteopathic way of removing the log.

We find that Dr. John Hilton, the noted London surgeon, and author of that estimable work "Rest and Pain," has a faculty for getting at truth in a very direct way. He says:

"I have no doubt in the world that the effect of most purgative medicines is to induce irritation and increase secretion from the mucous membrane, and increase muscular contraction in the walls of the intestines. I must therefore express my conviction that the frequent repeated introduction of irritating medicine into the bowels is very likely to do a great deal of injury by exciting muscular contractions, and thence diminishing the calibre of the gut; and that subsequently a great length of time, with carefully managed diet, is required to replace the intestines in a perfectly healthy condition."

Here we see in the administration of the drug there is an attempt to take from the function of the bowel. The muscular and mucous coats of the intestine becomes contracted to such an extent that natural action is

impossible. The peristalsis becomes sluggish, the veins distended with blood, the nerve-force paralyzed, and consequent interference with natural secretions. Had nature been allowed to act by the removal of the obstruction, as under Osteopathic treatment, there would have been no deleterious results.

Similar evidence of a more recent origin is found in the statement of Dr. G. H. Patchen, in *The Dietetic and Hygienic Gazette* for December, 1898:

"As Sedatives, drugs may, it is true, produce a quieting effect upon the nerves, but it is accomplished on by temporarily *repressing* the flow of nervous energy, not by exerting any restraining influence over the *sources of nervous power*. As soon as the action of the drug is exhausted the nervous current lose their flow with increased irregularity and impetuosity. Moreover, the digestive secretions are so deranged by the administration of sedatives that their prolonged use becomes positively injurious."

Dr. Hilton again gives strength to the argument by the following testimony:

"The surgeon will be compelled to admit that he has no power to repair directly any injury. It will induce him to acknowledge, in all humility, that it is the prerogative of nature alone to repair the waste of any structure. He will thus realize that his chief duty consists in ascertaining and removing those impediments which obstruct the reparative process or thwart the efforts of nature, and thus enable her to restore the parts to their normal condition."

The physician often tells us we need something to thin the blood, some solvent that will take away the debris there accumulated. Here, again, he is getting the cart before the horse. The blood needs cleansing no doubt. But why is it stale? Simply because the avenues of exit—of purification—are clogged. Let us, then, liberate that nerve force to the vaso-motor mechanism which controls the avenues of circulation, instead of trying to force the debris through the constricted outlet.

The illustrations might be multiplied, but we will find that in every case the object sought in administering medicine is to ply the whip rather than to remove friction. The superiority of Osteopathy is easily recognized when we compare the two methods of treatment by "drawing the deadly parallel."

Columbus, Ohio, "The Ruggery."

OSTEOPATHY IN THE SICK-ROOM.

WILLIAM WEST.

IT IS when one stands on the threshold of the sick room, that the plaintive voice of the sufferer pleading for relief arouses the nobler impulses in the physician and makes him realize the great responsibility of his position in the world.

Then, one has no time for prejudices nor is it the place for empty parading, the grim facts are to be faced and as with the broader humane principles and as with the deeper knowledge of disease and its causes so

will the confidence reposed in the physician be firmer, so will fatal consequences be more forcefully combatted.

In presenting a paper upon the scope of Osteopathy for debate, I advocated the broadening of the lines of study from the standpoint of the general practitioner, conceding then, that for the scientific development of Osteopathy the simpler line of thought was of unquestioned value. Nor do I now recede from this position. I do not speak thus for the one man out of many, who has the means and the time and the sacrificing nature essential to the development of a science but rather do I espouse the cause of the body politic of energetic, hard-working men and women who have the field at large before them and who in time will be required to face all conditions of sickness and suffering in the maintenance of their practice.

The chief argument presented to me since the original papers were submitted holds that, as the Osteopathist is a specialist by virtue of his degree, that he is known as such and that there are chronic cases enough to keep all practitioners of the school busy for years to come, therefore it is not necessary for him to know more than will cover these cases or to apply more than the setting of bones and the opening of obstructed channels for the body fluids.

While conceding the honesty of this contention I challange its practicability. It may not be patent to all but it certainly is to some that the chronic sufferer is no more immune from acute diseases than is any one else. And when the chronic rheumatic is taken to his bed with an attack of influenza, are we to expose him to *materia medica* with its morphia, phenacetin and quinine rather than to take one step away from the simpler Osteopathy by following the treatment we give with some common sense application of hot water, plenty of blankets and a good fire?

Herein lies the germ. The average patient expects attendance from one physician at a time be he Osteopathist or practitioner of any other school. Thus when the acute attack comes and the Osteopathist discharges the case rather than adopt the legitimate practice of dietetics, hygiene or hydrotherapy the patient becomes driven to drugs medication and when the attack is over if he does not die in it the Osteopathist has another burden to shoulder, another obstacle to overcome before he can expect to place the patient in as good a condition as prior to the taking in of injurious stimulants, depressants or narcotics.

As I have been led by the course in the American School of Osteopathy to interpret Osteopathy as it is applied in the sick room there is no physician in the field with such resources at his command as has the Osteopathist in the intelligent uses of the body fluids and the reduction of such anatomical lesions as may cause the disease, as may threaten alarming complications or distorting sequelæ. But this is not all. The knowledge of bacteriology is essential in protecting a neighborhood from infection; hygiene is essential lest the poisons of the sick room be allowed to accumulate and become a serious menace to the convalescent; aseptic surgery must be understood for the health of the practitioner; the essentials of nursing must be known for the proper directing of those, who, while not

having the skilled training yet are compelled by circumstances to care for the patient.

Learn all you can, apply all that is wholesome and the voice from the sick room will not cry "Stultification." What the bigot thinks does not matter!

It may be true that, in the practice undergraduates are allotted during their course, the so-called pure Osteopathy is enough, but such has not been my experience nor the experience of others with whom I have talked. On the contrary there have been many acute cases, each of which demanded the specific knowledge of various branches which are advocated by all who have been called into the sick room.

The case of M— is illustrative. There was an impaction of the transverse colon from the hepatic flexure to just above the umbilicus which resisted manipulation for several hours. A colonic lavage of glycerine followed by three quarts of hot water with the patient in the Trendelenburg position was administered, after which the manipulation proved effective. Here hydrotherapy was simply used as an adjunct to Osteopathy.

The case of B— was that of inflammatory rheumatism. The sick room was damp, dark, small and foul with odors from the kitchen adjoining, from a badly tended kerosene lamp and from an old coal stove. The bedding was hard, knotty, damp and unclean. The student who was called refused to accept the case unless the patient was removed to another room and some attention paid to common cleanliness. Hygiene was here necessary to prevent the recurrence of the colds and chills which in part were responsible for the attack.

The case of J— was one of membranous croup which was fought three times within four hours along the strictest lines of Osteopathy, but kept recurring until the student made use of warm glycerine in the external auditory meatus as is recommended in the Philosophy of Osteopathy, (page 63.)

Such illustrations are at hand to every student and while there may be some who are so rarely and wonderfully endowed that they require nought but bones and muscles for the control of the pathological organism yet for the vaster majority who are less gifted I make these arguments.

My own experience has been brief, yet as an assistant in one busy practice, as a close observer in two others and as a student-practitioner I have been shown time and time again that acute disease arise in the practice of the most conservative specialist, and that acute diseases to be cured must have those healthful adjuncts which are essential to every sick room.

For the genius I deny no jot nor tittle of respect for his absolutism in Osteopathy but for the great hard-working painstaking body of students and for the conscientious, enterprising and progressive practitioner, I do not plead but demand a surcease of the bigotry which for no good, honest purpose hold them spell bound to a small office practice. Osteopathy is something nobler than the means to a financial end for a few mercenaries. It was born in the gloom of a death-smitten home, it was developed by one of the greatest struggles against adversity in the history of humanitarians and its pure purpose of giving relief to the hopeless of all nations and of all creeds makes it incumbent upon its disciples to give relief to all who can be relieved. The honor and esteem the world gives to the physician is his reward for the giving of his all to the sick and the Osteopathist who withholds his hand from the sufferer through a perverted interpretation of his mission is not worthy of the world's gratitude nor society's reward.

TWENTY MORE OSTEOPATHS ENTITLED TO PRACTICE
IN ILLINOIS,

MORE than one coach full of passengers in travel between Missouri and Illinois on the raw spring day of March 5th, 1900, sat petrified with wonder at the things seen and done by a band of hopeful pilgrims—"evidently members of a theatrical troupe," as one old woman suggested. "Bound for Kankakee—where's the guard?" guessed another. "Now— isn't that audacious bold?" demanded an elderly man of his wife in a stage whisper that echoed up and down the car, while he removed and wiped his glasses for another look, to be sure he did not see double without due and sufficient warrant. "The outlaws should be put off at the next station!"

Really, he had some ground for his consternation—not knowing that a delegation of students from the American School of Osteopathy was going to Springfield to take the state examination. The trifling professional service which he *et al.*, misinterpreted for a public exposition of domestic felicity was merely a neck treatment which Mr. Harris was administering to Miss Bush to overcome the distressing symptoms of train sickness; and when he worked vigorously for the pneumogastrics, first taking off her collar, and then his own coat, some of the passengers gasped and screeched: "Why doesn't the conductor protect us?"

It did not quite set things right when Mr. Bush—the warden of the party—asked from another seat: "Are you better, daughter?" "And—he—allows—such—attentions—to—his—daughter" gasped the spectacled man's wife, while the girl with the Kankakee theory chirped out, "Oh, he's the guard—I know—and he just let's 'em all amuse 'mselves *en route!*" Several others moaned, whereupon the traveling-show-hypothesis advocate decided *it was Mr. Bush*, the sire, who was really *the* heavy villain.

Meanwhile a travel-tired mother at the other end of the car had been spied by Miss McFall and diagnosed across seats as likewise bilious from too much rumble and shaking—sea-sick they would say, on the water. With Miss Hays in consultation these two sisters of mercy volunteered their kindly offices to the needy woman and after a brief explanation loosened her garb and set upon her pneumogastrics. At this juncture Mr. Donahue produced a circulating library of compends and text books and the rest of the delegation not hitherto engaged fell to discussing the ingredients of bile and tears—when to find sugar in urine—and how to expose the abdominal aorta without serious damage to the person.

"Have you wired Governor Tanner to meet us with his carriage?" spake Mr. Sisson to Mr. Hollingsworth; and others mumbled indistinguishable things about "it going to be held in the capitol."

The Kankakee theorist had won her bet by this time and she concluded to go forward to the smoker rather than take her chances in bed-

lam. Other passengers not interested in quizzes on Fehling's test also hunted seats distant. And for the rest of the journey the candidates for the Illinois examination for Osteopaths pursued their quizzes determinedly but under great suspicion.

Dr. L. J. Marshall met the crowd at Moberly to say the Mayor of the municipality could not be present and had authorized him to deliver the keys of the city. Mr. Norman was authorized to receipt for them in the name of the company.

At the capitol city the St. Nicholas was made headquarters for the delegation.

The examination proved a grateful exercise to the company. It was fair, comprehensive enough to test a student's equipment and not too laborious for doubling up into two days. Secretary Eagan of the State Board, his assistants, Mr. Ryon, Dr. Nelson, of Springfield, and others assisting in conducting the examination showed the utmost courtesy and consideration for the candidates all the way through; and it was the consensus of opinion among candidates that their preparation was good and that they stood upon sure ground.

Some amusing things happened. One magnetic healer—recognized by one of the party as "his milk lady from Kirksville," showed up to take the examination. When the papers were passed around she swept the page with eagle eyes and said: "I ain't never studied none of them branches."

"Then, what are you here for?" asked Dr. Eagan.

She grew curt and cutting in her replies and was strongly urged to adjourn to the secretary's office to settle any other business she might have outside the examination. "Yes, take her away—she annoys me," said Mr. Meyers, looking up from his work; and the magnetic person went her way, under persuasion, blessing the state board in tones loud and eloquent, and telling Dr. Eagan exactly what she and all her friends would always think of him.

The examination questions were as follows:

ANATOMY.

MARCH 6, 1900.

- 1—Name the bones of the skull?
- 2—What structure pass through the foramen magnum?
- 3—Describe the costal cartilages?
- 4—Describe the scapula and give principal muscular attachments?
- 5—Describe the arrangements of the carpal bones?
- 6—Describe the sacro-vertebral articulation?
- 7—Give the origin and insertion of the following muscles: Longus, Colli, Levator Anguli Scapuli, Erector Spinae, Transversalis, Supinator Brevis?
- 8—Describe the axillary artery and its divisions into portions, stating the relations of each. By what muscle is it divided?
- 9—Name the fissures and lobes of the cerebrum?
- 10—Describe the lumbar nerves?

HYGIENE.

MARCH 6, 1900.

- 1—What diseases are more frequent in hot weather and in hot climates?
- 2—When and where in the outdoor atmosphere is the proportion of CO₂ the greatest?

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- 3—Water often contains the germs of what specific diseases?
- 4—Why is meat an important article of food? Name some substitutes for meat?
- 5—Why are living apartments below ground apt to be unhealthy?
- 6—Mention some antiseptics, deodorants and disinfectants. Give proportions used?
- 7—How is typhoid transmitted? How would you endeavor to prevent further infection in the family?
- 8—What deleterious gases accumulate in imperfectly ventilated sleeping rooms?
- 9—Describe a simple method of ventilating a sick room?
- 10—In what way are chickens, turkeys and hogs liable to contract tuberculosis?

PHYSIOLOGICAL CHEMISTRY.

MARCH 6, 1900.

- 1—What are physical changes? Chemical changes?
- 2—In what conditions does the saliva contain no bile constituents?
- 3—What effect if any has HCl on ptyalin?
- 4—Define trypsin and dextrine?
- 5—Discuss the chemistry of muscle and nerve substance?
- 6—Discuss animal heat and tell what conditions affect bodily temperature?
- 7—Of what does the spinal cord consist?
- 8—What is the principal solid constituent of urine? Discuss it fully?
- 9—What pathological conditions increase the quantity of urine? Decrease it?
- 10—Outline a reliable test for albumin in the urine. Sugar? Pus?

HISTOLOGY AND PATHOLOGY.

MARCH 6, 1900.

- 1—Explain the structure of striated muscle?
- 2—Describe the structure of a cell?
- 3—Discuss the structure of an artery?
- 4—Describe bony tissue?
- 5—Describe the spinal cord, as to its composition, investment and disposition of nerve fibers?
- 6—In what does the process of inflammation consist? Give changes occurring?
- 7—Describe the method of healing soft tissues and the union of fractured bone?
- 8—Name four tumors which derive their special tissue characteristics from the epiblast and hypoblast?
- 9—Describe the histologic structure of sarcomata.
- 10—What is the morbid anatomy of bulbar paralysis?

PHYSIOLOGY.

MARCH 6, 1900:

- 1—What is the function of the blood and particularly of the red corpuscles?
- 2—What is the difference between the right and left sides of the heart?
- 3—In what way does the blood circulate through the heart?
- 4—Where is the depressor nerve given off and what is its function?
- 5—What keeps up the contraction of a muscle?
- 6—What are the vaso-motor nerves and where are they governed?
- 7—How is blood exposed to air in the lungs?
- 8—Discuss CO₂.
- 9—How is respiration governed and where?
- 10—(a) How much urine is secreted in 24 hours?
(b) What causes increase it in quantity?
(c) What is the reaction of urine?
(d) The specific gravity?

Those passing the examination were:

Miss McFall, Miss Bush, Miss Hayes, E. M. Brown, Ernest Sisson, Otto Meyer, J. E. Donahue, P. M. Peck, J. A. Root, N. E. Harris, G. S. Skeen, Fred Hollingsworth, W. E. Dwiggin, P. K. Norman, J. C. Crawford, D. O. Wiley, — Bragg, Fred Waltman, H. S. Bunting.

Last week Messrs. Bishoff and Fassett also took the spring examination at Chicago and speak of customary good treatment and many wonderful sights near the levee missions. They also staid over-time out of sheer interest in the good work. Fassett says there's nothing like it in Vermont, but it was an old story to his guide who first got his passports last summer from Dr. Eckley.

THE OSTEOPATHIC SITUATION IN OHIO.

After the supreme court decision in the state of Ohio wherein it was held that the practice of Osteopathy was not the practice of medicine within the meaning of the then existing statutes of the state of Ohio, the Ohio organization of Osteopaths decided that while it was true that the state was wide open to all kinds of quackery in our profession, yet they felt it would be unwise to seek independent recognition when we were so few in numbers in the state unless forced to do so by some drastic medical legislation. They argued that while it was true the supreme court decision only permitted us to exist, and failed to give us any standard of privileges which our profession so much needed, yet it permitted our practice and in time we could by demonstration of our work prove to the people of the great state of Ohio our worthiness and then get the legislation which would be good for us and best for the citizens of Ohio who wished to patronize the Osteopaths. But the introduction of the Love medical bill early in February forced the Osteopaths to enter actively the legislative field in Ohio. The session which has just closed April 16th, at Columbus, Ohio, witnessed one of the hardest contested battles yet waged between medicine and Osteopathy and while it might seem on the surface a defeat for the Osteopaths, yet when understood it cannot help but be considered as quite a victory for our profession. It was clearly the intent of the Love medical bill to exclude the Osteopaths from the state and was reluctantly so admitted by the author of the bill himself. They sought to so define by statute the word medicine that there would be no room for us in the state. Knowing these facts, then when we realize that the Love bill failed to pass in its original form and not only that but had an Osteopathic rider attached, and that the Osteopaths independent bill passed the house almost unanimously, and would surely have passed the senate could we only have had a day or two more time, this success when the avowed purpose of the medical profession was to

drive us from the state, was certainly something of a victory. After the introduction of the Love bill we went directly to Dr. Love and tried in every way that was honorable and fair to have them to either amend their bill so as to exempt us or else include us in the provisions of this bill. But we were given to understand that he represented nine *thousand* physicians of the great state of Ohio and that they wanted that bill passed just as it was. And when asked if it was the desire of the physicians of the state to drive the Osteopaths out—his reply was—"that seems to be their desire". We then had introduced our own bill which we publish in this issue of THE JOURNAL and it seems to me it is the very best bill we have ever presented and we publish it for the careful consideration of our profession with the hope that wherever the Osteopaths seek legislation they will pattern after this measure. By the time we had our bill introduced in the house it was late in the session and there was a voluminous calendar ahead of our measure. As long as the Love bill was pending there was not much opposition to our bill by the physicians—and it was generally conceded by the members of both houses that both bills should pass. The Love bill passed the senate between four and five o'clock Thursday afternoon, April 12th, and our friends there knowing the session was so near a close felt we should amend the Love bill; in case ours should fail to pass we would then be safe. We had given to one of our friends our amendment simply exempting us—our amendment was substituted by the existing amendment which was framed by the state board of health and presented on the floor by a member who claimed that his amendment was agreeable to us and on his representation our friends voted for the amendment and then for the bill causing it to be passed. This amendment provides that the Osteopaths shall be examined by the state board of examination in anatomy, physiology, chemistry and physical diagnosis—providing said Osteopaths have at-

tended four terms of five months each in *four separate years*. Thus leaving us without an Osteopath eligible to examination in the United States. The Osteopathic bill passed the house the same evening about 8 o'clock; we were watching our own bill in the house when the Love bill passed the senate and if we could have been in two places at one time we might possibly have been able to prevent such a mistake in the senate. Our friends in the senate when they saw how they had been trapped, urged us to push our own bill, which we did. The next day, Friday, the house concurred in the amendments to Love bill and our bill in the senate was read the second time and referred to a committee of one. Just as soon as the Love bill became a law then the physicians turned loose on our bill and the strongest lobby I have ever come in contact with went to work to defeat our measure. Even then they could not have defeated us if we could only have had another day or two. They succeeded in turning enough of our friends from us so that we were unable to suspend the rules but not so many but what we had still a majority vote and could have passed our bill with just a little more time. Space and time forbid my going into all the details of the struggle there. One thing I want the Osteopaths and the friends of our profession to know, and that is that the physicians who had charge of the fight against us there, used the most unprincipled and ungentlemanly methods against us we have ever yet come in contact with. Another thing I wish our profession and its friends to know, and that is we owe, a lasting debt of gratitude to our good, loyal honest friends in the House and Senate of Ohio—who fought so nobly for us, and to the hosts of good friends throughout the state, and especially those who come personally to our aid on the floor in both houses. Now in conclusion we wish to say we do not what effect this law will have upon the know profession in Ohio but do not see how it can be applied. For it was clearly the intent of the legislature to recognize Osteopathy, and yet the existing bill under its present wording is not applicable to a single Osteopath on earth. Our advice

would be for the Ohio Osteopaths to get together and unite upon a definite plan of procedure and then stay right there and fight it out on that line even if it takes all summer. Especially should the profession feel grateful to Dr. M. F. Hulett of Columbus, Ohio, and to Mrs. Shoop, for their untiring efforts in our behalf. Mrs. Shoop spent nearly the entire session there working for our measure, paying her own expenses while Dr. Hulett attended to his practice during short office hours, and spent hours each day in honest conscientious work for our measure. The Osteopaths should be grateful to all our good friends in Ohio—I certainly am.

A. G. HILDRETH, D. O.

The following is the bill that was before the Ohio Legislature:

A BILL

TO REGULATE THE PRACTICE OF OSTEOPATHY IN THE STATE OF OHIO.

Be it enacted by the General Assembly in the State of Ohio:

SECTION 1. That within thirty days after the passage of this act, the governor, by and with the consent of the senate, shall appoint a state board of Osteopathic registration and examination, consisting of five members, one to serve for one year, one to serve for two years, one to serve for three years, one to serve for four years, and one to serve for five years, and the successor of each to serve for a term of five years, who shall be resident Osteopathic physicians of good standing in their profession, graduates of legally chartered schools of Osteopathy, in good standing as such. The board shall organize by electing a president and treasurer, who shall be members of the board, and a secretary who shall be an osteopathic physician in good standing in his profession, each to serve for a term of one year. The treasurer shall give a bond in the sum of five thousand dollars, with sureties approved by the board, for the faithful discharge of his duties. The secretary shall receive a salary of not exceeding fifteen hundred dollars per annum, to be fixed by the board, and his necessary expenses in performing his official duties. The members of the board shall each receive not exceeding ten dollars per day for the term actually employed in the discharge of his duties, and his necessary expenses. The board shall have a common seal, and shall formulate rules to govern its actions; its president and secretary shall have power to administer oaths. The board shall meet in Columbus on the first Tuesday in March and September of each year, and at such other times as a majority of the board shall appoint. Three members of the board shall constitute a quorum. The board shall keep a record of its proceedings, and a register of all applicants for certificates, giving the name and

location of the institution granting the applicant the degree of doctor or of diplomat in Osteopathy, the date of his diploma, and also whether the applicant was rejected or a certificate granted. The books and register of the board shall be prima facie evidence of all matters recorded therein. The board shall create no expense exceeding the sum received from time to time as fees and fines hereinafter provided.

SECTION 2. Any person, before engaging in the practice of Osteopathy in this state, shall, upon payment of a fee of twenty dollars, make application for a certificate to practice Osteopathy to the board of osteopathic registration and examination on a form prescribed by the board, giving his name, age, residence, the name of the school of Osteopathy which he attended, the length of time he was in attendance, the date of his diploma, and such other information as the board may require. If the facts thus set forth, and to which the applicants shall be required to make affidavit, shall meet the requirements of the board as laid down in its rules, then the board may require the applicant to submit to an examination as to his qualifications for the practice of Osteopathy, which shall include the subjects of anatomy, physiology, pathology, principles and practice of Osteopathy, obstetrics, minor surgery, and such other subjects as the board may require. If such examination be passed in a manner satisfactory to the board, then the board shall issue its certificate granting him the right to practice osteopathy in the state of Ohio. Any person failing to pass such examination, may be re-examined at any regular meeting of the board within a year from the time of such failure without additional fee. Provided, that any person having a diploma from a legally chartered school or college of Osteopathy, in good standing as such at the time of issuing such diploma, as defined by the board, and who shall meet the requirements of the board in other respects, may at the discretion of the board, be granted a certificate by the board to practice Osteopathy in the state without examination.

The board may refuse to grant a certificate to any person guilty of a felony, or addicted to any vice to such a degree as to render him unfit to practice Osteopathy; and may, after notice and hearing revoke such certificate for like cause. An appeal may be taken from the action of said board refusing to grant or revoking a certificate for such cause, to the governor and attorney general, and the decision of such officers shall be final.

SECTION 3. All fees shall be paid in advance to the treasurer of the board, and by him turned into the state treasury to the credit of a fund which, together with one-half of all fines collected in accordance with Section six of this act, is hereby appropriated for the use of the said board of osteopathic registration and examination. The compensation and expenses of members and officers of said board, and all expenses proper and necessary in the opinion of said board to discharge its duties under, and to enforce the law, shall be paid out of said fund, upon the warrant of the auditor of state, issued upon the requisition signed by the president and secretary of said board.

SECTION 4. The certificate provided for in Section two of this act shall entitle such osteopathic physi-

cian to practice Osteopathy in the state of Ohio, but it shall not authorize the holder thereof to prescribe or use drugs in his practice, nor to perform major or operative surgery. Osteopathic physicians shall be subject to the same rules and regulations that govern other physicians in the control of contagious diseases, and other matters pertaining to public health.

SECTION 5. Every person holding a certificate from the state board of osteopathic registration and examination shall have it recorded in the office of the probate judge of the county in which he expects to practice, and the date of recording shall be indicated thereon. Until such certificate is filed for record the holder shall exercise none of the rights or privileges conferred therein. The probate judge shall keep, in a book provided for the purpose, a complete list of the certificates recorded by him, with the date of the recording of such certificates. He shall receive a fee of one dollar for making such record. The register of said probate judge shall be open to public inspection during business hours. Between the first and thirty-first days of December of each year the probate judge shall furnish the secretary of the board a list of all certificates recorded and in force, and also a list of all certificates which have been revoked, or the owners of which have removed from the county or died during the preceding year.

SECTION 6. Any person who shall practice or attempt to practice, or use the system, method or science of Osteopathy in treating diseases of the human body, or who shall use any of the terms or letters "Osteopath," "Osteopathist," "Osteopathy," "Doctor of Osteopathy," "Diplomate in Osteopathy," or "D. O." or any other titles or letters under such circumstances as to induce the belief that the person who uses such terms is engaged in the practice of Osteopathy, without having complied with the provisions of this act, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than twenty dollars nor more than five hundred dollars, or be imprisoned in the county jail not less than thirty days nor more than one year, or both. Such fines, when collected, shall be paid one-half to the poor fund of the county in which such prosecution is brought and one-half to the state board of osteopathic registration and examination. The secretary of the state board of osteopathic registration and examination, under the direction of the board, is charged with the duty of enforcing this act. If the board have knowledge or notice that the act has been or is being violated, it shall investigate the matter, and upon probable cause appearing, shall file a complaint and prosecute the offender. It shall be the duty of the prosecuting attorney of the county in which such person resides or practices, when requested by said board, or otherwise notified of such violation, to take charge of and conduct the prosecution under this act.

Provided, that nothing in this act shall be construed as prohibiting any legally authorized practitioner of medicine or surgery in this state from the practice of his profession as guaranteed him by the medical or other statutes of the state of Ohio.

SECTION 7. This act shall take effect and be in force from and after its passage, and the appointment of a state board of osteopathic registration and examination as herein provided.

The Journal of Osteopathy.

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with all its contents, is fully protected by copyright

A New Publication.

Several names have been mentioned and discussed for our new publication but finally we have selected "*The Osteopathic Arena*" for the name of our new scientific magazine. It will be published bi-monthly by the A. S. O. It is designed to be of special use to practitioners and students. The work is to be taken up along special lines. Articles in this publication are to be illustrated by cuts and drawings. The complete arrangements as to the scope of the articles have not been made yet but later on a pamphlet will be mailed to every Osteopath giving our plan and setting forth the scope of the work. Our first number will appear about June, 1900. The following departments have been assigned and articles for the same will continue during the entire year.

Department of Infectious Diseases, C. P. McConnell D. O., in charge.

Department of Nervous Diseases—H. F. Goetz, D. O., in charge

Department of Physiological Chemistry, Dietetics and Hygiene—C. W. Protor, D. O., and C. M. T. Hulett, D. O., in charge.

Department of Gynecology and Obstetrics, M. E. Clark, D. O., and C. E. Still, D. O., in charge.

Department of Diseases of the Digestive Tract, M. C. Hardin, D. O., in charge.

Question and Answer Department—A. G. Hildreth, D. O., and C. E. Still, D. O., in charge.

Charles Hazzard, D. O., of Detroit, Mich., will contribute some special articles.

Samuel D. Barnes, D. O., of Chicago, will contribute a number of articles on Physiology.

The following are also on the list of contributors:

Dr. A. T. Still, A. Still Craig, D. O., Des Moines, Ia.; N. Allen Bolles, D. O., Denver, Colo.; L. M. Rheem, D. O. Minneapolis, Minn.; S. C. Mathews, D. O., Wilkesbarre, Penn.; S. C., Ellis, D. O., Boston, Mass.; E. S. Cherry, D. O., Milwaukee, Wis.; D. L. Fasker, D. O., Los Angeles, Cal.; J. H. Sullivan, D. O., Chicago, Ill.; A. L. Evans, D. O. Chattanooga, Tenn.

In addition, productions or reported cases of merit and scientific interest or value will be gladly received from any Osteopath.

The attention of practitioners in the field is called to The Question and Answer Department of our new publication. Send your questions in early. They must be questions pertaining to Osteopathic practice.

The subscription price is two dollars per year in advance. Send the questions you wished answered and the subscription to THE JOURNAL OF OSTEOPATHY.

* * *

IN the May number of the Ladies' Home Journal, Edward B. Warman in his "Answers to Questions about Health" says "*Osteopathy*, in my opinion, is all right if the Osteopath is all right." That certainly puts the matter about right. The principles of Osteopathy are true and scientific—the fault, where it exists, is in the incompetent exponent of the science. No science of healing disease, especially a new one, could be injured more and brought into greater disrepute, than by the bad results brought about by those who practice or pretend to practice it and do not possess the proper qualifications. Mr. Warman is right, the success of Osteopathic treatment depends upon the Osteopath.

* * *

THE American School of Osteopathy was never better equipped to take care of clinical patients than at the present time. Practitioners in the field are especially urged to send patients here who are unable to pay for treatment. They will be properly looked after and treated *free of charge*.

THE A. A. A. O. meets at Chattanooga, Tenn., July 5, 6, 7, 1900. Elsewhere under this heading appears an invitation by the president of the association and a notice by the railroad secretary. *Every Osteopath should make it a point to be present.* A great many things of historical interest center about Chattanooga—it and the surrounding country being the scene of some of the greatest battles fought in the Civil War. The scenery about Chattanooga is delightful. The committee on arrangements of which the genial Dr. A. L. Evans is chairman, have so arranged their plans that every one can visit points of interest. Of course these are only side issues, the main interest centers in the work of the association.

* * *

THE Rev. Dr. McIntyre, of Chicago, lectured at the Normal Chapel on the evening of April 6th. His subject was "Buttoned-up People." The Doctor is an able speaker. He understands human nature. Among other things he said "There is enough love in the world, the trouble is people keep their love buttoned up." This was the last of a series of five lectures and entertainments given under the auspices of the Y. M. C. A., of the State Normal and American School of Osteopathy.

* * *

JUNE 27, 1900, is the day selected for the organization of The Missouri Osteopathic Association at Kirksville, Mo. Every Osteopath now practicing in Missouri who can possibly do so is urged to be present. These state organizations are for the mutual advancement of practitioners as well as the science of Osteopathy. This meeting occurs during the commencement week of the American School of Osteopathy. Many former graduates of the school are expected from all parts of the United States as the annual reunion of the Alumni Association of the A. S. O., takes place at this time also.

* * *

Athletic Notes.

The Athletic Association of the A. S. O. organized this term by electing officers as follows:

President, Dr. A. S. Melvin; Vice-Pres., Chas. L. Richardson; Secretary, E. M. Cramb; Treasurer, Paul M. Peck.

Executive department:

Dr. Chas. E. Still, Dr. J. Martin Littlejohn, Dr. W. R. Laughlin, W. B. Fellows, V. H. Greenwood, A. B. Wyckoff, Allen Gravett, J. P. Chase, Allen Mattison, A. W. Young, V. A. Berger.

Managers of departments:

Baseball, Fellows; Tennis, Pettit; Track team, Jones; Football, Peck.

* * *

The spring term has never opened with more promising prospects for a successful season in athletics. The first encouraging sign was the enrollment of over 100 new memberships, the first and second term classes each contributing forty members. The receipts from annual dues combined with the balance from the football season and the last field day formed a neat nucleus in the treasury, and provided "the wherewith" to thoroughly equip the baseball team. The trustees also gave assurance of any support that might be needed. Few weeks elapsed before Manager Fellows' colts were briskly scampering about on the baseball diamond. "clad in their brilliant array," and performing such antics as would guarantee a hot time for all competitors and followers of the fascinating national game. By electing "Dick" Carter to the captiancy, the team was assured of a veteran general. The initiatory game with the C. S. O., on April 14th, resulting in our victory—12 to 1, gave assurance that with Dodson and Longpre in the box and Carter, Tindolph and "Dad" Spear with the big mit, the principal department of the game was in safe hands. Longpre's right paw has previously won victories for Northwestern University. The following Thursday A. S. O. trounced the State Normal team to the tune of 10 to 7. The most promising members of the squad include Mayer, Tindolph, Longpre, Dodson, McMains, Henry, Carter, Pettit, Dobson, Ilinski, "Pap" Spear and H. R. Smith. The stick work in these early games has been particularly good. Manager Fellows' schedule, though now uncompleted, will include games with the

S. S. Still School at Des Moines, in May; the Deaf and Dumb Institution at Fulton, and games at Quincy, Ottumwa and Randolph Springs.

* * *

In the various contests customarily allotted to the track team, the A. S. O., will be able to put forth well equipped representatives. It is proposed to hold the annual field day early, with the intention of following with a dual meet with the State Normal. Manager Jones endeavored to arrange such a contest as that last named with several other colleges, but received encouragement only for next year. All paraphernalia necessary for the track team has been purchased. Candidates will commence training at once. Several have established good records. In the pole vault, Pettit's performance of $10\frac{1}{2}$ feet is in the winning class. He and Dobson are a strong pair in the high and broad jump. Drake, Mayer, W. Davis and O'Neil are also interesting performers. In the hammer throw and shot put, Cleary and McMains are above the average amateur performers. The sprints and hurdles should be well represented by Troughber, Pettit, Dobson, Davis, Peck, Jones and others.

It is yet early for tennis. A few days of warm, dry weather will witness considerable interest in that pretty game, for the championship of the classes is to be decided before the term closes.

PAUL M. PECK.

* * *

Personal Mention.

Dr. A. G. Hildreth has returned from Ohio.

Geo. M. Laughlin has charge of the JOURNAL OF OSTEOPATHY.

Geo. M. Laughlin and Miss Blanche Still were married at Kirksville, Mo., Apr. 11th.

Dr. Hartford of Kansas stopped at the Infirmary last week. He is on his way to locate in Ohio.

Dr. H. L. Riley, of Hartford, Conn., made the school a visit last week. He will return to Hartford soon.

Dr. W. L. Rice, of Carrollton, Mo., brought a patient to the Infirmary for examination Saturday April 20th.

Miss Minnie Dawson, formerly editor of the JOURNAL OF OSTEOPATHY has located in Frostburg, Md., for the practice of her profession.

The firm of Osburn and Gebhart at St. Joseph, Mo., has dissolved, Dr. Osburn retiring. Dr. Gebhart will continue to practice at St. Joseph.

Dr. H. L. Spangler, of St. John, N. B., was a visitor at the A. T. Still Infirmary last week. He intends to return to St. John in a few days. The doctor has been practicing at St. John since he graduated two and a half years ago.

Harry Still, D. O., has formed a partnership with Herman Still D. O. of St. Louis. His resignation as trustee of the A. S. O. however is not necessary at this time as Dr. Harry resigned Dec. 1st, 1898, prior to the time he located in St. Louis.

NOTICE.

To the Osteopathic Profession in General.

It is the desire of the different committees selected by the president of the A. A. O. to make the annual meeting of the A. A. A. O. at Chattanooga, July 5-6-7, a success in every way, and it is especially the wish of the committee on railroad rates to secure the largest possible attendance and to secure for them the lowest railroad transportation.

To do this I must be able to approximately state the number that expect to be present. Every Osteopath in the country should make an effort to make this trip; and whether a graduate or student, whether a member or not of the A. A. A. O., will confer a favor by notifying the undersigned, at the earliest possible time, if their attendance may be expected. This will be a delightful trip for every Osteopath or student and the rate can be secured for either. It will require only a postal card to make known your intentions and will not be placing you under obligations. Do not delay.

Address, EDUARD W. GOETZ, D. O.
303 Neave Building, Cincinnati, Ohio.
Chairman of the Board of Trustees, A. A. A. O. and committee on R. R. rates.

An Invitation Extended.

A measure providing for the lecture method in Osteopathy as a means for popular education relative to the science, has been approved by the trustees of the A. A. A. O., and it now remains for Osteopaths to properly use the method to see its benefits.

These lectures (perhaps six in number and under appropriate headings) will be official and known as the "Association Lectures." They will cover as nearly as possible the entire field embraced by the science, and will be designed to assist in meeting the popular demand for information, reflecting at the same time all of the culture and refinement of the Osteopathic profession. They are to be written by Osteopaths, and it is my pleasant duty to hereby extend, on behalf of the board of trustees of the A. A. A. O., a most cordial invitation to all reputable Osteopaths to contribute one or more lectures to the course, on any subject or subjects relating to our science. These lectures should be sent (prepaid) to the undersigned, (typewritten copy preferred) at least by June 1st, 1900. They will then be referred to a special committee of three reputable Osteopaths distinguished alike for their literary ability and Osteopathic knowledge, who will pass on them, and select from the lot those which will constitute the official course, crediting each one selected to its author. They will then be furnished in convenient form (singly or in sets) to all reputable Osteopathic practitioners, who may desire them, exactly at cost price.

It is intended that these lectures be delivered in a dignified manner either in public or private by local practitioners or, if desired, by any other competent person; in the latter case it would be advisable for the practitioner to be present to answer any questions which might follow from interested inquirers.

It is hoped and confidently expected that Osteopaths will respond to this invitation by sending in their lectures at an early date, that the course may be ready by the time set for the annual meeting in July. Once installed and properly used, the lecture method for the dissemination of Osteopathic information will be second to none in educative value.

Yours fraternally,

F. W. HANNAH, Pres. A. A. A. O.
Stevenson Bldg. Indianapolis.

Resolutions of Respect.

Whereas: We the St. Louis Society of Osteopaths have been reminded of the uncertainty of life by the calling home to rest of Mr. W. H. Eckert, father of Dr. W. H. Eckert, member of our society, be it

Resolved: That we the members of the St. Louis Society of Osteopaths, mourn the loss of a pure citizen and staunch friend of Osteopathy,

Resolved, That we by this, extend to the bereaved family the assurance of our deep sympathy; and commend them to seek condolence from Him who doeth all things well, be it

Resolved, That a copy of these resolutions be presented to Dr. W. H. Eckert, secretary of our society and that also a copy be presented to the Journals of Osteopathy for publication.

Signed Com. { A. H. SIPPY.
H. E. BAILEY.
M. B. HARRIS.

Whereas, little Ethel West has been called from the earth life to the life beyond and the home of our classmate and friend thereby enshrouded in shadow. Therefore be it resolved

That we, the members of the Junior Class of the American School of Osteopathy, hereby express our profoundest sympathy to Mrs. West and her husband in this their time of sorrow and desolation. Hoping that the influence of time, the sympathy of friends and the abiding presence of the Comforter may bind up their broken hearts 'till the day of the glad reunion.

Committee { W. C. WILSON.
D. C. WESTFALL.
Mrs. I. F. BROWN.

Y. W. C. A. Notes.

The Y. W. C. A. is increasing steadily in attendance and membership.

The last missionary meeting was one of the best held and was led by Miss Scott of the Second term class.

At one meeting Mrs. Laughlin talked to the young women and gave them great encouragement and inspiration.

On Sunday the 18th, inst., Miss Tohey—a deaconess, talked and told of her work and of the training schools of deaconesses. She told much that was new to most of the assembly and was instructive and interesting to all.

Clinical Record.

REPORTED BY J. IVAN DUFUR, D. O., 44
EAST FOURTH ST., WILLIAMSPORT, PA.

CASE 1.

Asthma:—

Mr. C—had been afflicted with asthma for thirty years. During this time had suffered much, and when he called me he could not walk three squares to his bank. Any exertion brought on a paroxysm, as did also cold or damp atmosphere.

The Osteopathic lesions found were sub-luxations of the right 4th and 5th ribs, and the left 5th and 6th. After his second treatment he walked 14 squares with no evil effect whatever. He had only one month's treatment. It has been 8 months since he had his last treatment, and he has had no return, in any way of his former trouble. I consider this a remarkable case, both on account of the extreme chronic condition existing and of the patient's age which is 70.

CASE 2.

Asthma:—

Was a young lady of 20, who had had asthma for 13 years. She had Osteopathic treatment four years ago with no beneficial result. She was having an attack when I first saw her, and had been treated for three weeks without gaining any relief. Examination showed a very bad twist of the axis to the right, muscles in the cervical region very much contracted; all the ribs depressed. She was relieved at the first treatment, since when there has been no return of the symptoms. I gave her one month's treatment and discharged her.

CASE 3.

Functional Heart Trouble:—

Miss G— was subject to attacks of palpitation of heart attending extraordinary physical exertion or mental excitement. This condition had existed for about 12 months, when she came to me for treatment last October. Examination showed a sub-luxation of the 5th rib, which was replaced in one treatment. She has had no return of trouble since then.

CASE 4.

Neurasthenia:—

Mrs. B's—case was one from which she had suffered for eight years. She is 32 years of age and the mother of four children.

History: After birth of her second child puerperal fever followed from the effects of which she was confined to her bed six months. During fourth term of pregnancy she suffered an attack of cerebral inflammation. She remained in bed 8 months after labor. (I may say that in the birth of each of her children labor lasted for 14 to 46 hours, and physician finally resorted to forceps). After last confinement symptoms of neurasthenia appeared, and she went to Philadelphia for treatment, with no beneficial result.

Symptoms: Insomnia, irritability, depressed spirits, constant weariness, restlessness, head aches, vertigo, cold and clammy hands and feet, constipation very marked, ovaries congested, amenorrhoea had continued since birth of first child, 10 years ago. But at about time for the reg-

ular menstrual period patient suffered a complete physical collapse, all organic life being deranged; the heart, stomach and kidneys being seemingly most affected. At these times micturition was very painful and retention of urine quite common.

Examination: Third cervical vertebra to the right; ribs depressed; lesion between 11th and 12th dorsal vertebrae; 5th lumbar posterior; lumbar muscular contraction entire.

The examination convinced me that the seat of exhaustion was in the uterus and appendages; the failure of the menses being due to the faulty blood and nerve supply to the uterus, consequently to a lack of nutrition, the whole train of attendant symptoms being due to reflex irritation of the various other organs. Treatment along this line proved its truth, for after two week's treatment the menstrual period was passed with a natural flow and none of the former symptoms appeared.

P. S. I never print the testimonials which I receive, but the names of the parties referred to in the above report can be had by writing to me.

* * *

REPORTED BY W. S. ELLIOTT, D. O., HARTLAND, IOWA.

Rev. Geo. S. Hewetson came to my office complaining of what he called "toothache in the shoulder." He had been examined and treated by eminent physicians both in Europe and America without relief. The last one who examined him told him to go to Chicago and have the X-Rays turned on him and with the aid of the surgeon's knife he might be relieved.

He had been compelled to wear glasses constantly for twenty years.

On examination I found the 2d and 3d dorsal vertebrae jammed together interfering with the nerve force to the shoulder also to the eye. After the first treatment he did not suffer with the pain nor did he need his glasses. He is loud in the praises of Osteopathy and has done me a great deal of good.

REPORTED BY DEAN MERRILL BODWELL,
D. O., CRIPPLE CREEK, COLO.

CASE 1.

Angina Pectoris:—

On August 24th, '99, Mr. D. H. Golliger of Victor, Colo., came and was examined. He is a man of forty-one years of age and a good family history; good health up to November, '97, when a severe attack of lagrippe left him to suffer for two years in spite of good medical aid with what he called neuralgia or wandering rheumatism of left side, but called cardiac neuralgia by the medical fraternity. *Cause:* The lagrippe had left spinal muscles badly congested and contracted, with ribs 3 to 5 inclusive badly drooped thus interfering with intercostal vessels and nerves. It took just one month of Osteopathic manipulation to relieve the congestion and replace the ribs to stay—and up to the present date there is no recurrence of the pain.

CASE 2.

Acute Nephritis:—

Mr. Nolan a well built man and aged nearly 40 years was suddenly taken ill with severe pains in back. Amount of urine passed in twenty-four hours nearly two quarts, specific gravity 1030, due to large amount of urea and phosphates. Family history good and good health up to two years ago, when he had a severe and protracted case of nephritis. Upon Osteopathic treatment of 10th to 12th vertebrae inclusive and raising of 11th and 12th ribs, relief from pain was at once obtained and in two weeks apparent good health was restored. *Cause* of trouble an irritation of renal splanchnic nerves and cured by removal of irritation.

CASE 3.

Asthma:—

Dr. B. A. Murray, dentist, who is a Canadian and aged 27 years came to me last August 23d, and upon examination it was found that the 5th and 6th ribs on left side were down, causing an irritation to nerves in that region which with their in-

tricate relation with nerves of respiration caused asthma, also that especially the 6th and 7th ribs on right were drooped causing stomach trouble. It was then learned that Dr. M—— had taken treatment of eminent doctors of Canada, Boston, Chicago and Denver—but without relief. One month's manipulation peculiar to the science of Osteopathy completely cured him, he never had the asthma after the first treatment. He spent two weeks in Chicago during the holidays and the inclemency of the weather and exposure caused a heavy cold but no asthma.

Another case—a Mr. Myers aged 47; examination proved that ribs from 1st to 8th, were down and congestion or marked contraction of spinal muscles of same region, also an irritation of pneumogastric nerve at axis and atlas and hyoid bone slightly depressed, which was more especially the cause of bronchitis although a prolonged case of asthma tends to bring on bronchitis or bronchial asthma.

Mr. Myers has not had asthma for over eight months but upon taking cold is still bothered with bronchitis due to my inability to entirely remove irritation to pneumogastric nerve.

* * *

REPORTED BY CHAS. M. COE, D. O., ROCHESTER, N. Y.

Paralysis of Fingers:

Mrs. L. H. Loomis, Lyndonville, N. Y., aged 79, general health exceptionally good for a person of her age. Patient had been suffering about a year with nearly complete paralysis of the last three fingers, especially the last two on right hand. Was unable to flex the affected fingers at all and any motion of them was very limited. Upon examination I found in the spine a slight lateral lesion of the 1st dorsal causing an obstruction which interfered with the normal action of the ulnar nerve. (The ulnar which in normal conditions, supplies

these affected muscles, is the largest branch of the inner cord of the brachial plexus.) Upon questioning the patient, found that a short time previous to the showing of the paralysis, she had fallen and, as she supposed at the time had sprained her wrist. Treatment which was applied to the *cause*, the affected region in the spine, with view of correcting the lesion and thereby establishing normal action, was begun Sept. 13th, last. Case showed marked improvement by the end of one month's treatment, having given three treatments per week. There was then a cessation of treatment for about ten days as the patient was called home. Patient was discharged the following Nov. 3d, having regained complete use of her hand and fingers. Have since heard from patient in person by writing and her hand continues well, which proves that *Osteopathic cures are permanent because natural.*

* * *

REPORTED BY W. H. ECKERT, D. O., 708 COMMERCIAL BUILDING, ST. LOUIS, MO.

Mistaken Diagnosis:—

Mrs W. H. Hollis, of Beardstown, Ill., fell on the ice last winter and hurt her left shoulder. The M. D.'s in Beardstown examined it and said it was only a bruise and would be all right in a day or two stating there was nothing wrong with the shoulder joint. The pain continued and became more severe, then the doctor called it rheumatism and gave medicine to relieve it with no effect. She was induced to come to St. Louis by a friend of hers whom I had treated for a different trouble. I found the head of the humerus misplaced anteriorly and pressing on the nerves of the brachial plexus with a great deal of inflammation around the joint. My treatment in the case was to regulate the circulation to the shoulder. Correct the dislocation and assist nature to build up the injured nerves. Results have been satisfactory and the lady is an advocate of Osteopathy.

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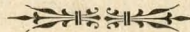
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